If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 11/98)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE **☆** U.S. GPO:1998-454-473/90301

TOTAL

TOTAL

ADDIT. FEE

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

			tober 1, 199	7			9/05	34	48	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMA	LL ENTITY	OR	OTH	ER THAN L ENTITY
FOR	NUMI	BER FILED	NU	MBER	EXTRA	RATE	FEE	7	RATE	FEE
BASIC FEE							395.00	┪		
TOTAL CLAIMS / / / minus 20 = *				x\$11:		OR		790.00		
INDEPENDENT CLAIMS 3			ninus 3 =   *			<b> </b>	+	OR	x\$22=	
MULTIPLE DEPENDENT CLAIM PRESENT					x41=		OR	x82=		
* If the difference in column 1 is less than zero, enter "0" in column 2					+135=	=	OR	+270=		
						TOTAL		OR	TOTAL	790
	LAIMS AS (Column 1)	AMENDE	D - PART II	•					ОТНЕ	R THAN
15:495	CLAIMS		(Column		(Column 3)	SMA	LL ENTITY	OR	SMAL	L ENTITY
A PARA PARA PARA PARA PARA PARA PARA PA	REMAINING AFTER MENDMENT		NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total *	10	Minus	" 20	)	=	x\$11=		OR	x\$22=	<del> </del>
	_5_	Minus	*** 3		=	x41=		OR	x82=	
FIRST PRESE	NTATION OF	MULTIPLE	DEPENDEN	IT CLA	MIM	+135=		OR	+270=	<del> </del>
(	Column 1)		(Column 2	2)	(Column 3)	TOTAL ADDIT. FEE		OR,	TOTAL ADDIT. FEE	
A RI	CLAIMS EMAINING AFTER IENDMENT		HIGHES NUMBER PREVIOUS PAID FOI	R SLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total *	10	Minus	" 20	<b>)</b>	=	x\$11=		OR	x\$22=	
Independent *	3	Minus	" 5	]	-	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		ł		
						TOTAL		OR	+270=	
	Column 1)		(Column 2	<u> </u>	(Column 3)	ADDIT. FEE		OR A	TOTAL DDIT. FEE	
RE	MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total *		Minus	**	-		x\$11=		OR	x\$22=	
Independent *		Minus	***			x41=		OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		. }	x82=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+270=	
If the "Highest Number F The "Highest Number Pr	LUANULIGIA DOIM	EON IN THIS	CDAOE		ı o.	TOTAL		_	TOTAL	